

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
SACRAMENTO DIVISION

ESTATE OF JOSHUA GARBUTT, et al.,

Plaintiffs,

vs.

COUNTY OF TRINITY, et al.,

Defendants.

Case No.

**DECLARATION OF BRIAN GARBUTT  
RE: CAL. CODE CIV. PROC. § 377.32**

I, Brian Garbutt, do declare and say:

1. I submit the following declaration concerning my status as a successor-in-interest to Joshua Garbutt, pursuant to section 377.32 of the California Code of Civil Procedure.

2. Joshua Garbutt was born on [REDACTED], 1991, in the County of Shasta, California.

3. No proceeding is now pending in California for administration of the estate of Joshua Garbutt.

4. I am a successor-in-interest to Joshua Garbutt (as defined in section 377.11 of the California Code of Civil Procedure) and succeed to his interest in this action or proceeding. I am the biological father of Joshua Garbutt. Joshua Garbutt has no legal spouse or issue.

5. No other person has a superior right to commence this action or proceeding, or to be substituted for Joshua Garbutt in this pending action or proceeding.

6. A true and correct copy of the death certificate of Joshua Garbutt is attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed on April 23, 2024, at Redding, California.

  
Brian Garbutt



## COUNTY of TRINITY

WEAVERVILLE, CALIFORNIA

## CERTIFICATE OF DEATH

3202453000011

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JOSHUA		3. LAST (Family) GARBUIT	
2. MIDDLE BRIAN			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 1991	
5. AGE Yrs. 32		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SDP* (at time of death) NEVER MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14. DATE OF DEATH mm/dd/yyyy 01/14/2024	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED LABORER		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED LABORER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CONSTRUCTION	
19. YEARS IN OCCUPATION 15			
20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]			
21. CITY REDDING			
22. COUNTY/PROVINCE SHASTA			
23. ZIP CODE 96003			
24. YEARS IN COUNTY 7			
25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP BRIAN KENT GARBUIT, FATHER			
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) [REDACTED] REDDING, CA 96003			
28. NAME OF SURVIVING SPOUSE/SDP - FIRST -		29. MIDDLE -	
30. LAST (BIRTH NAME) -			
31. NAME OF FATHER/PARENT - FIRST BRIAN		32. MIDDLE KENT	
33. LAST (BIRTH NAME) GARBUIT		34. BIRTH STATE CA	
35. NAME OF MOTHER/PARENT - FIRST STACY		36. MIDDLE LORINE	
37. LAST (BIRTH NAME) HETTINGER		38. BIRTH STATE CA	
39. DISPOSITION DATE mm/dd/yyyy 02/02/2024		40. PLACE OF FINAL DISPOSITION BRIAN GARBUIT RESIDENCE REDDING, CA 96003	
41. TYPE OF DISPOSITION(S) CREMATE/RESIDENCE		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER FD90		44. SIGNATURE OF LOCAL REGISTRAR SHANNA WHITE	
45. DATE mm/dd/yyyy 01/26/2024			
101. PLACE OF DEATH 701 TOM BELL ROAD		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Other	
103. CITY TRINITY		104. CITY WEAVERVILLE	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 701 TOM BELL ROAD			
106. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) PENDING FURTHER STUDIES Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) UNK (C) (D)		107. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 108. BICPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 109. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 110. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 PENDING FURTHER STUDIES			
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		113. DECEDENT PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: (A) mm/dd/yyyy Decedent Last Seen Alive: (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. LICENSE NUMBER	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. INJURY DATE mm/dd/yyyy		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hour)			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
126. SIGNATURE OF CORONER / DEPUTY CORONER LORI ALSUP		127. DATE mm/dd/yyyy 01/23/2024	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER LORI ALSUP, DEP CORONER			
STATE REGISTRAR		FAX AUTH.#	
A B C D E		CENSUS TRACT	

## CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA, COUNTY OF TRINITY

This is a true and exact reproduction of the document officially registered and placed on file in the office of the TRINITY COUNTY CLERK-RECORDER-ASSESSOR.

DATE ISSUED FEB 20 2024

BY

[Signature]

SHANNA S. WHITE

TRINITY COUNTY CLERK/RECORDER/ASSESSOR

This copy not valid unless prepared on engraved border displaying seal and signature of Clerk-Recorder-Assessor.

PRNCO (Rev) 9/7/19

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE